

ISSUE SLIP STAPLE AREA (for additional cross references)

| SECTION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | David | 32 | 07-17-01 |
| O.I.P.E. CLASSIFIER | SN | 967 | 7/23 |
| FORMALITY REVIEW | | | 9/22 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ _____ Rejected
 - _____ Allowed
 (Through numeral) _____ Canceled
 + _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

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| Claim | Date |
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If more than 150 claims or 10 actions
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